

**LIBRARY OF VIRGINIA**

Archival and Records Management Services Division  
800 E. Broad St., Richmond VA 23219  
(804) 692-3600

**RECORDS TRANSFER LIST AND RECEIPT**

(Form RM-17 July 2008)

Accession/Transfer Number \_\_\_\_\_

SEE INSTRUCTION SHEET FOR MORE DETAILS

<b>1. Agency / Locality / Other Entity</b>		<b>2. Agency / Locality Code</b>		<b>3. Department Name</b>	
<b>4. Agency / Locality Contact</b>				<b>5. Telephone Number and Extension</b>	
				<b>6. E-mail</b>	
<b>7. Record Pickup Address</b> Room, Building, Street, City, and Zip Code			<b>8. Billing Address</b>		
<b>9. Records Transfer to/for:</b> Please check one <input type="checkbox"/> Archives <input type="checkbox"/> Imaging services branch <input type="checkbox"/> State Records Center (SRC) <input type="checkbox"/> Other			<b>10. Restrictions to Use or Access for Archival Transfers</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, explain and provide code citation:		
<b>11. Media Format</b> Please check one <input type="checkbox"/> CD/DVD <input type="checkbox"/> Electronic <input type="checkbox"/> Fiche <input type="checkbox"/> Microfilm <input type="checkbox"/> Paper <input type="checkbox"/> Other			<b>12. Special Notes</b>		
<b>13. Schedule Number</b>		<b>14. Series Number</b>		<b>15. Records Series Title</b>	
<b>16. Agency Box Number</b>	<b>17. SRC Bar Code Number</b> No barcodes for archival transfer	<b>18. Contents</b> Beginning to end		<b>19. Date Range</b> Beginning to end	<b>20. Accession Number</b> Leave blank
<b>21. Agency / Locality Records Officer</b> Print and sign name				<b>22. Date of Authorization</b>	<b>Page</b> of
<b>Transfer Received By</b>				<b>Date Received</b>	